

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10520408

FILING DATE

APPLICANT(S)

9-20-83 3-20-89 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19			1		1	
20				1		1
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26				1		1
27				1		1
28				1		1
29				1		1
30				1		1
31			1		1	
32				2		2
33				2		2
34						
35						
36						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		1	2	1	2	1
TOTAL DEP.			15		14	
TOTAL CLAIMS			17		16	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS